



**NACIACP 2021**

# **AN OVERVIEW OF APPLICATIONS OF ACCEPTANCE AND COMMITMENT THERAPY**

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**ACCEPTANCE AND COMMITMENT THERAPY (ACT)** is an evidence-based treatment that **focuses on promoting psychological flexibility**, to promote **the ability to act effectively in accordance with personal values even in the presence of life adversities**.

**ACT is a** traditional cognitive behavioural therapy (CBT) and uses

- ☐ acceptance and mindfulness processes, and
- ☐ commitment and behavior change processes,
  - to create psychological flexibility



***What is the objective of ACT?***

# *Objective of ACT*



is **not elimination of difficult feelings**

rather,

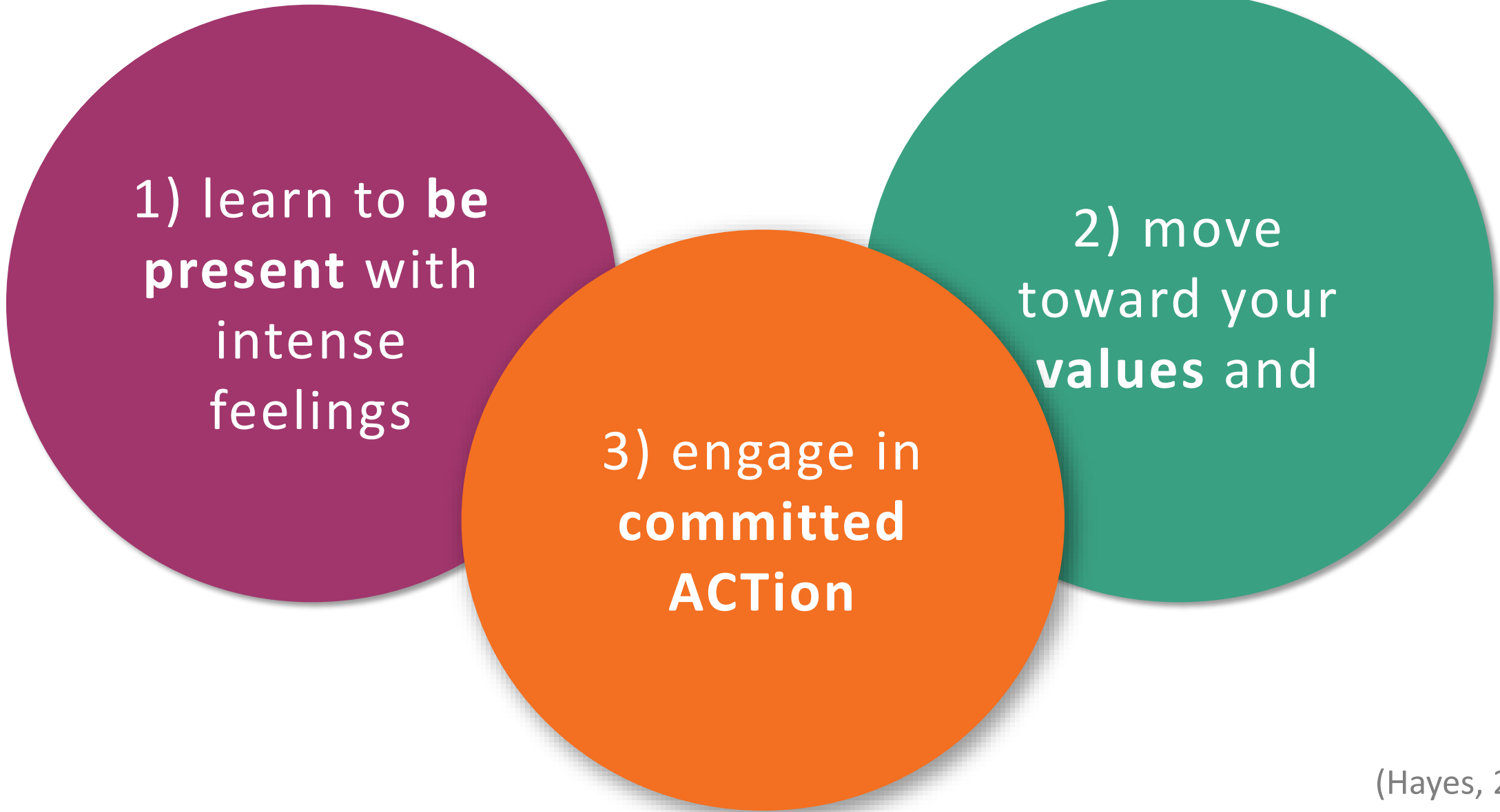
❑ it is **to be present with what life**

**brings** us and

❑ to **move toward valued behaviour**

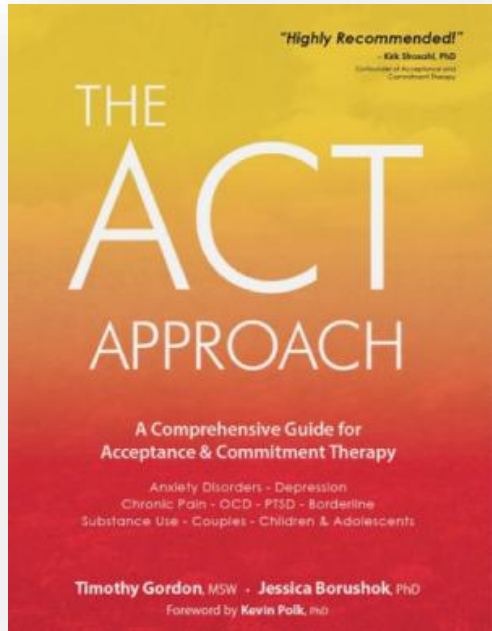


# *How does ACT help?*



- **ACCEPTANCE AND COMMITMENT THERAPY (ACT)** is an **empirically derived** and **theoretically driven** approach that **views all human suffering**, and therefore psychopathology, **as a problem of language and cognition**  
(Hayes, Luoma, Bond, Masuda, & Lillis, 2006)
- The ACT model identifies **six core pathological processes that maintain psychological inflexibility** — experiential avoidance; cognitive fusion; attachments to the conceptualized self; inaction versus impulsivity; lack of clarity regarding values; and dominance of the narrative past together with fear of the future.  
(Hayes et al., 2006)
- In contrast, there are also **six core treatment processes that promote psychological flexibility** — acceptance, cognitive diffusion, being present, self as context, values, and committed action.





***COMBINING the 6 core processes  
into 3 primary response styles...***

3

**RESPONSE  
STYLES**

1

**OPEN**

2

**CENTERED**

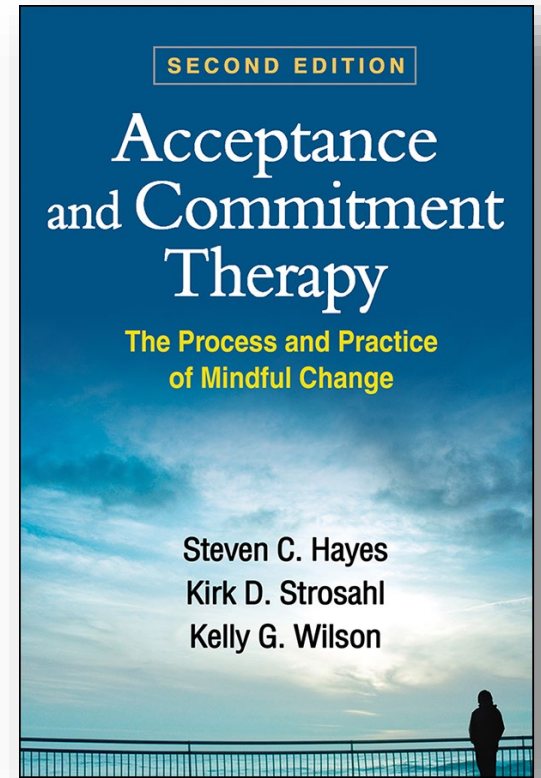
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**ENGAGED**

(Hayes, 2006)

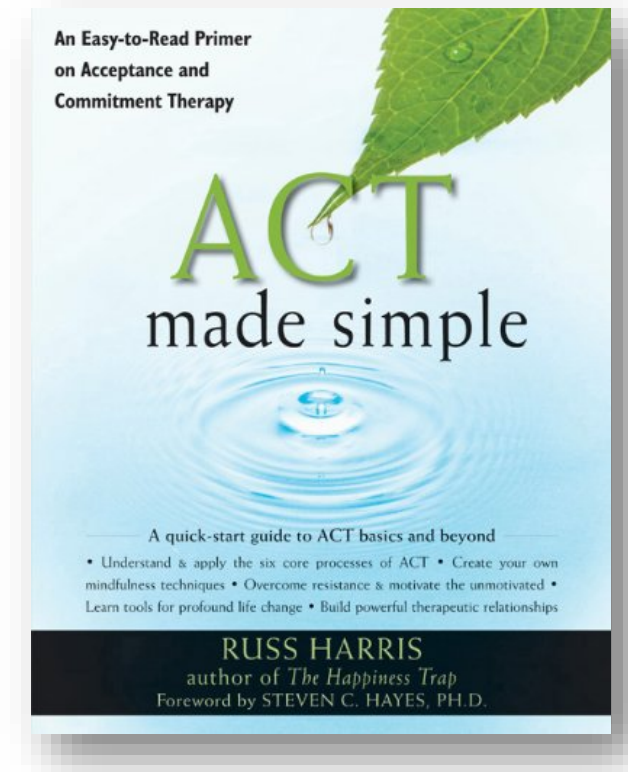
# SIX CORE TREATMENT PROCESSES OF ACT

- 1) **Cognitive diffusion:** Learning methods to reduce the tendency to reify thoughts, images, emotions, and memories
- 2) **Acceptance:** Allowing thoughts to come and go without struggling with them
- 3) **Being present:** Awareness of the here and now, experienced with openness, interest, and receptiveness
- 4) **Observing the self:** Accessing a transcendent sense of self, a continuity of consciousness which is unchanging
- 5) **Values:** Discovering what is most important to oneself
- 6) **Committed action:** Setting goals according to values and carrying them out responsibly



# CLINICAL APPLICATIONS OF ACT

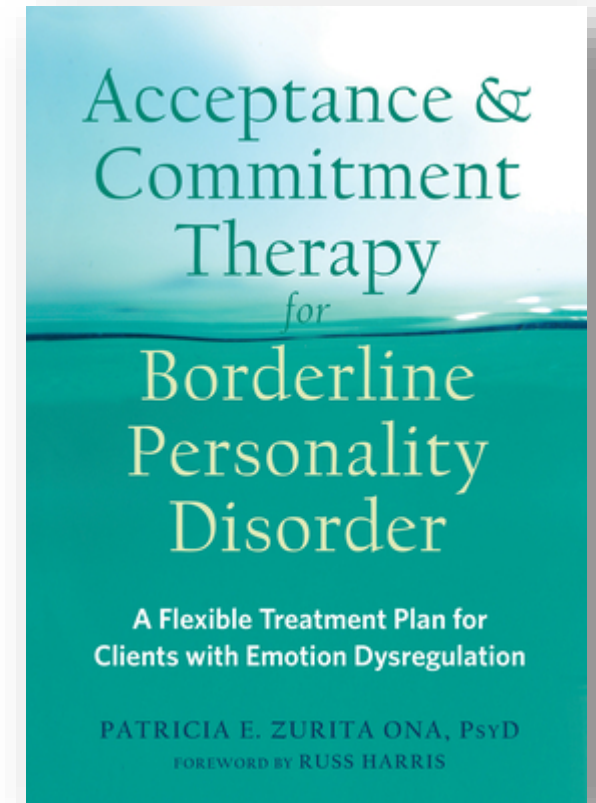
- All animals escape and **avoid aversive events**
- But only humans can readily bring aversive events into any setting and **so we try to avoid pain by avoiding the experiences and the situation**
- Experiential avoidance is **built into human language** and then amplified by the culture
- Experiential avoidance is **the tendency to attempt to alter the form, frequency, or situational sensitivity** of historically produced negative private experience (emotions, thoughts, bodily sensations) even when attempts to do so cause psychological and behavioral harm





# CLINICAL APPLICATIONS OF ACT

- **ACT IS TRANSDIAGNOSTIC**: focused on common core processes especially **experiential avoidance** known to underlie many forms of psychopathology
- This makes it **broadly applicable**, and especially **well suited to multi-problem patients**
- ACT utilizes treatment techniques such as **experiential exercises and metaphors**
- These techniques are **applied to the experiential avoidance** and control of internal experiences, language and cognitive fusion, mindfulness practice, identification of values and committed action



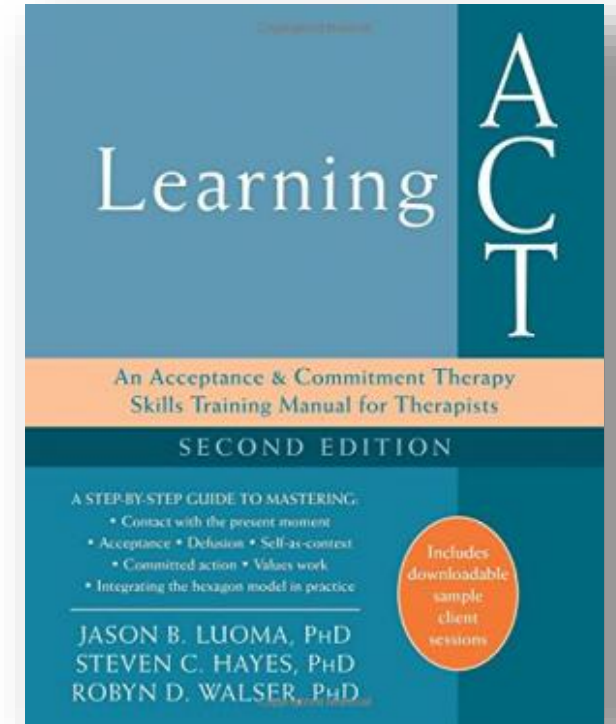
# CLINICAL APPLICATIONS OF ACT

## ➤ What core thoughts, emotions, memories, sensations, situations is the client unwilling to experience?

- ☐ Thoughts
- ☐ Emotions
- ☐ Memories
- ☐ Other

## ➤ What does the client do to avoid these experiences?

- ☐ **Internal control strategies** (e.g., rumination, worrying, thought suppression)
- ☐ **External control strategies** (e.g., “self-medication,” eating, shopping)
- ☐ **Situationally specific control strategies** (e.g., behavioral passivity, social withdrawal)
- ☐ **In-session control strategies** (e.g., changing the topic, evasiveness)



# CLINICAL APPLICATIONS OF ACT

## ASSESSING EXPERIENTIAL AVOIDANCE

### Internal Control Strategies

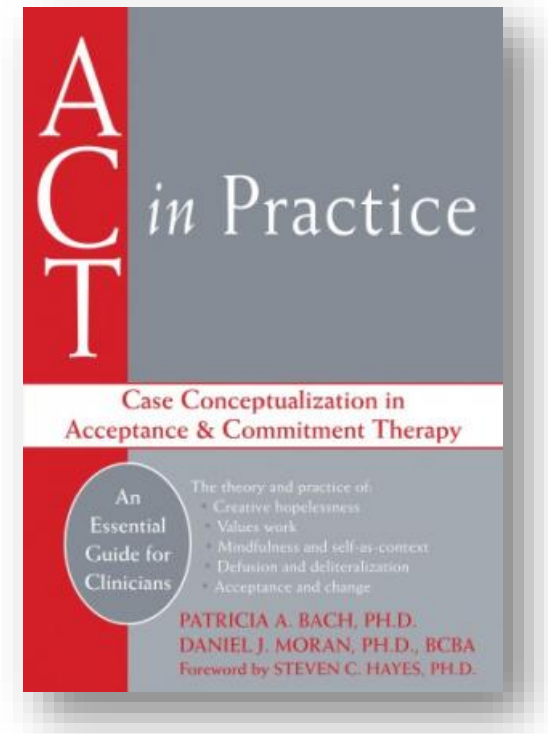
- ☐ “How much do you try to put depressive thoughts and feelings out of your mind by trying to think of other things?”

### External Control Strategies

- ☐ “How much do you drink or take other substances to help yourself feel better?”
- ☐ “Are there any other particular things you do when you’re feeling depressed to help you feel better?”

### Situationally Specific Control Strategies

- ☐ “Are there things you’re unlikely to do or places you are unlikely to go because they leave you feeling even more depressed?”



# CLINICAL APPLICATIONS OF ACT

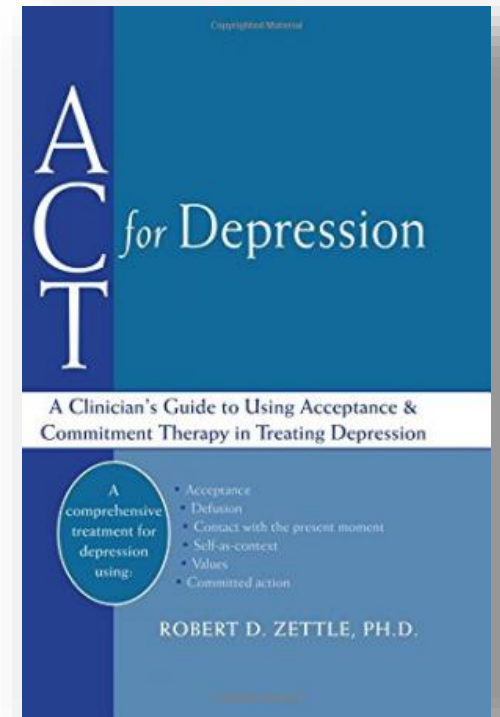
## ASSESSING COGNITIVE FUSION

### Automatic Thoughts (In response to client's behaviour)

- ☐ “What are you thinking about right now?”
- ☐ “When you are feeling especially depressed, what do you think about?”

### Reason Giving

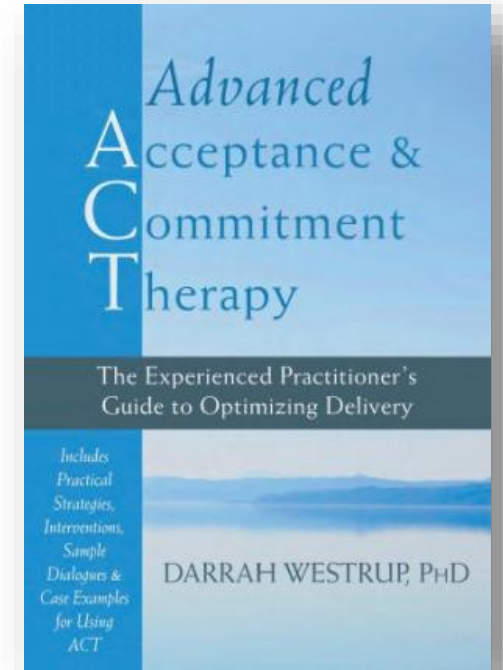
- ☐ “As you see it, what has caused your depression?”
- ☐ Storytelling “Can you tell me about your experiences with depression over the course of your life?”



# CLINICAL APPLICATIONS OF ACT

## ASSESSING BEING IN PRESENT

- ❑ “How much do you find yourself thinking about either the past or the future?”

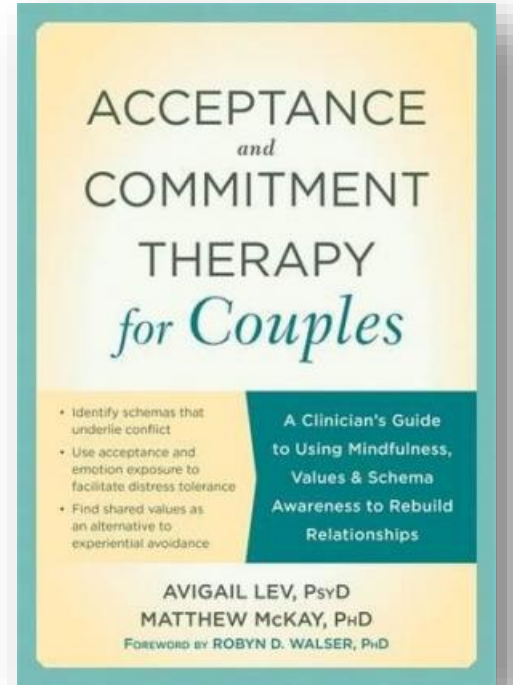




# CLINICAL APPLICATIONS OF ACT

## ASSESSING SELF AS CONCEPT

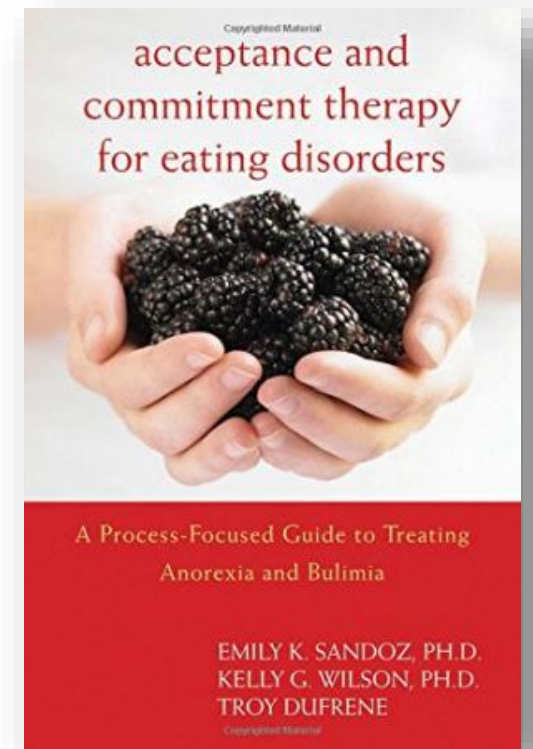
- ☐ “How would you describe yourself?”
- ☐ “What do you dislike the most about yourself?”
- ☐ “What do you like the most about yourself?”
- ☐ “If you felt better about yourself, how would your life be different?”



# CLINICAL APPLICATIONS OF ACT

## ASSESSING VALUES

- ☐ “What are your goals in coming to therapy?”
- ☐ “If you no longer struggled with depression, how would your life be different?”
- ☐ “What’s the worst thing for you about being depressed?”
- ☐ “How has being depressed changed your life?”
- ☐ “What was it about [specific life event] that was so depressing to you?”



# CLINICAL APPLICATIONS OF ACT

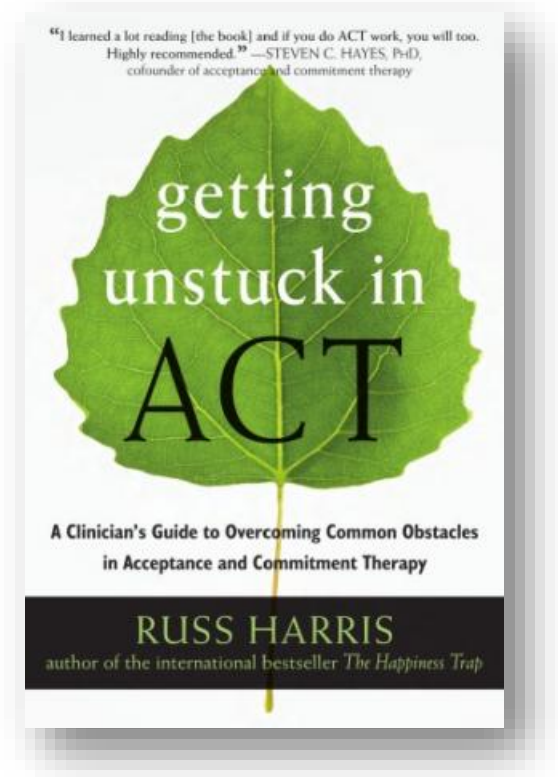
## ASSESSING COMMITTED ACTION

### Behavioral Deficits

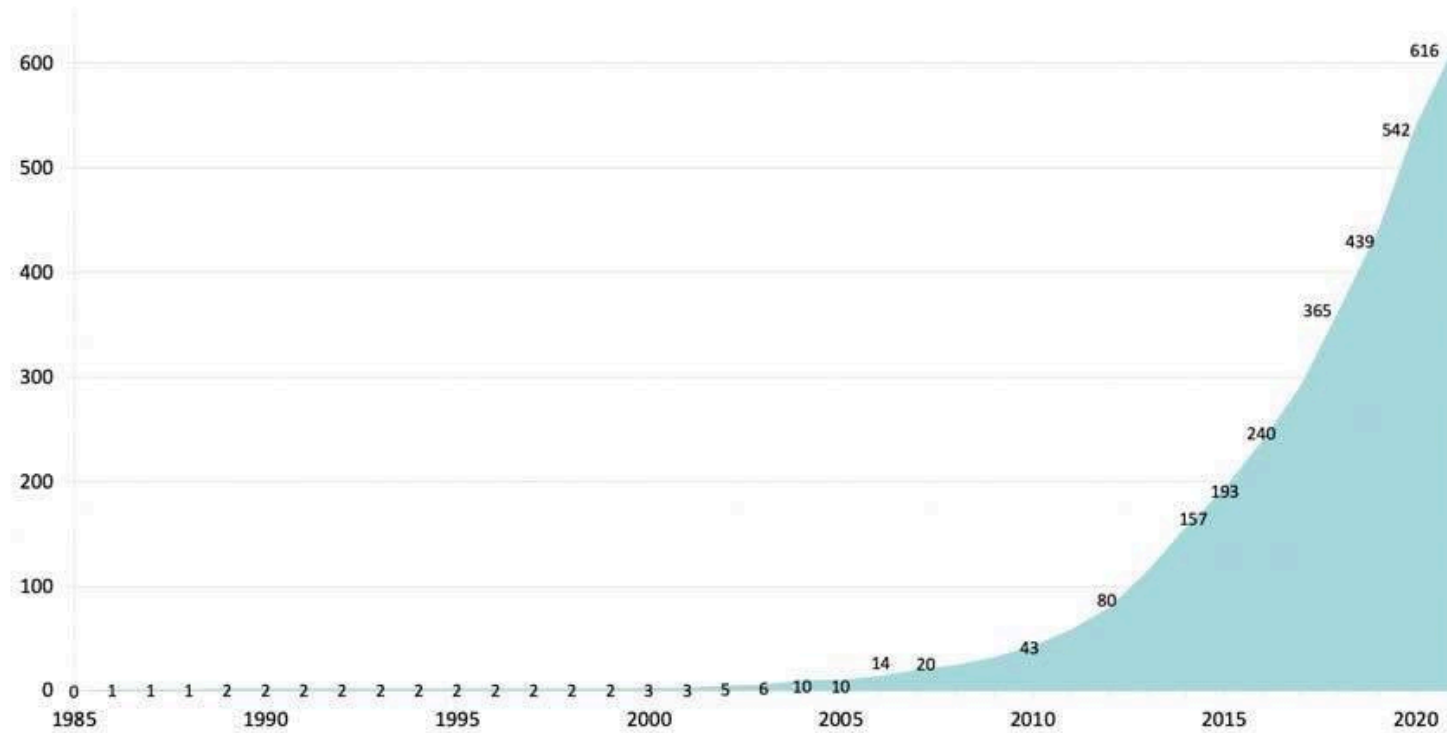
- ❑ “What things are you not doing now that you used to do before becoming depressed?”

### Behavioral Excesses

- ❑ “What things are you doing more of now that you are depressed?”



## ACT RCTs May 2021



Source: [bit.ly/ACTRCTs](https://bit.ly/ACTRCTs)

## What is remarkable about ACT literature?



1. The variety of problems ACT can help treat
2. The range of formats that ACT can be used
3. Size and stability of outcomes in comparison to the extent of intervention



# CONTROLLED STUDIES IN MENTAL HEALTH

- Obsessive-compulsive disorder; generalized anxiety disorder; panic disorder; depression; polysubstance abuse; coping with psychosis; borderline personality disorder; trichotillomania; marijuana dependence; skin picking; eating disorders



Source: [bit.ly/ACTRCTs](http://bit.ly/ACTRCTs)

# CONTROLLED STUDIES IN BEHAVIORAL MEDICINE

- chronic pain; smoking; diabetes management; adjustment to cancer; epilepsy; whiplash associated disorders; chronic pediatric pain; weight-maintenance; exercise; work stress; adjustment to tinnitus;



Source: [bit.ly/ACTRCTs](https://bit.ly/ACTRCTs)

# EMPIRICALLY

A number of different organizations, external to Association of Contextual Behavioural Sciences (ACBS), have stated that ACT is empirically supported in certain areas or as a whole according to their standards. These include:

## 1. American Psychological Association, Society of Clinical Psychology (Div. 12), Research Supported Psychological Treatments:

- ✓ Chronic Pain - Strong Research Support
- ✓ Depression - Modest Research Support
- ✓ Mixed anxiety - Modest Research Support
- ✓ Obsessive-Compulsive Disorder - Modest Research Support
- ✓ Psychosis - Modest Research Support



Source: [bit.ly/ACTRCTs](http://bit.ly/ACTRCTs)

# EMPIRICALLY

## 2. Australian Psychological Society, Evidence Based Psychological Interventions in the Treatment of Mental Disorders (2018):

### Adults

- ✓ Anxiety disorders - Generalized anxiety disorder – Level II Evidence
- ✓ Anxiety disorders - Social anxiety disorder – Level II Evidence
- ✓ Anxiety disorders - Panic disorder – Level II Evidence
- ✓ Borderline personality disorder – Level II Evidence
- ✓ Depression – Level II Evidence
- ✓ Hypochondriasis – Level II Evidence
- ✓ Obsessive compulsive disorder – Level II Evidence
- ✓ Pain Disorders – Level II Evidence



Source: [bit.ly/ACTRCTs](https://bit.ly/ACTRCTs)

## EMPIRICALLY

- ✓ Psychotic disorders – Level II Evidence
- ✓ Substance use disorders – Level II Evidence
- ✓ Binge eating disorder – Level IV Evidence
- ✓ Body dysmorphic disorder – Level IV Evidence

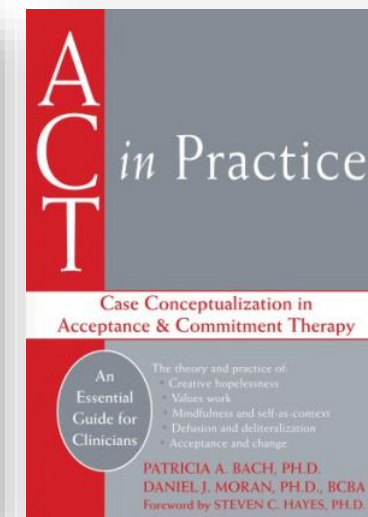
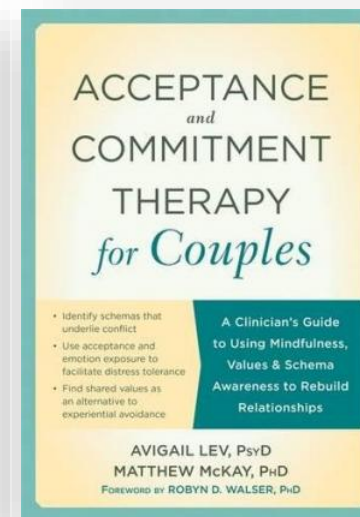
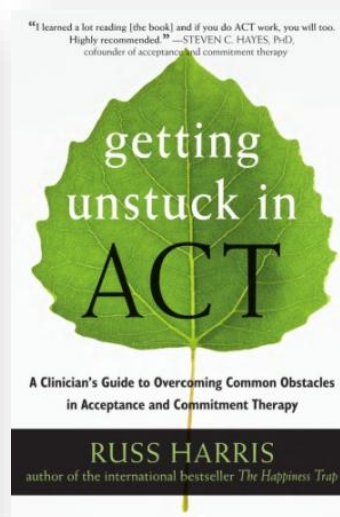
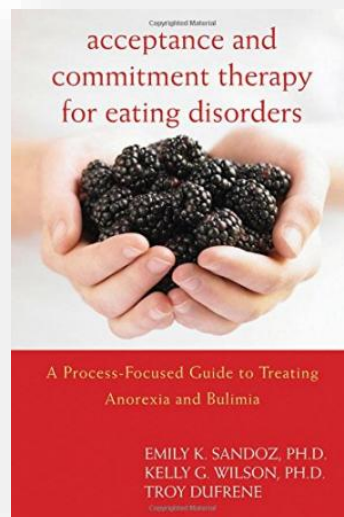
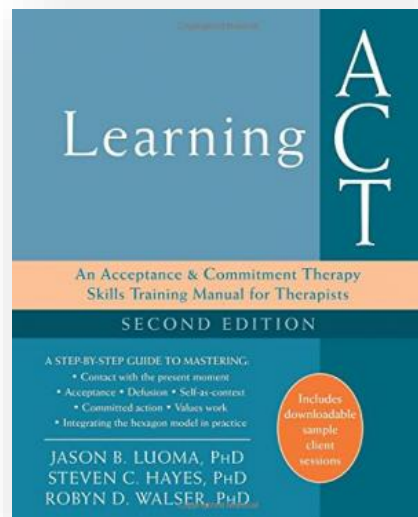
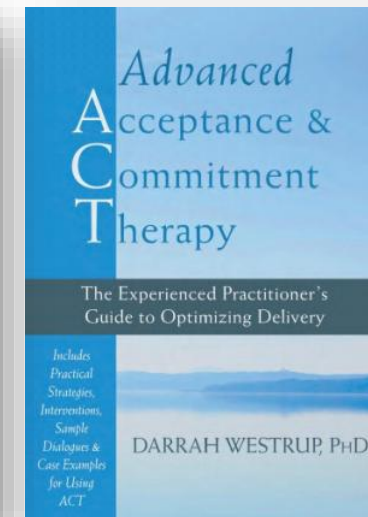
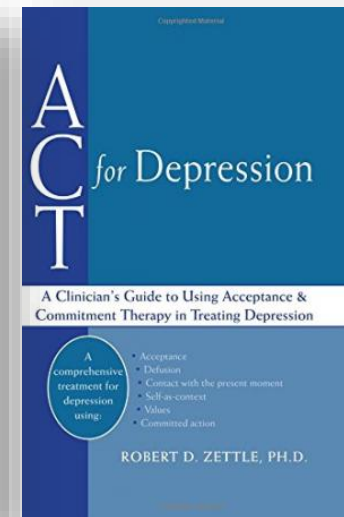
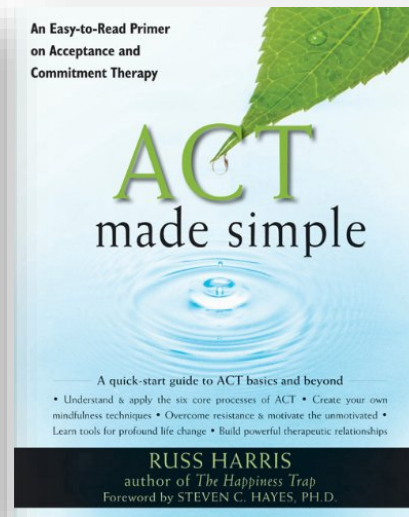
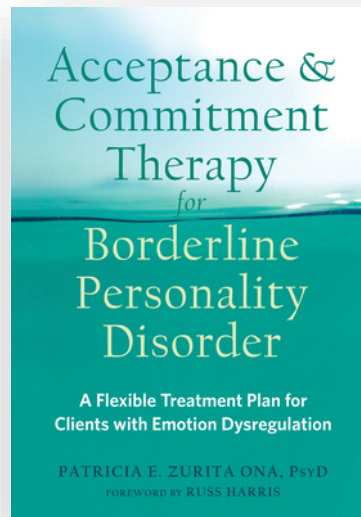
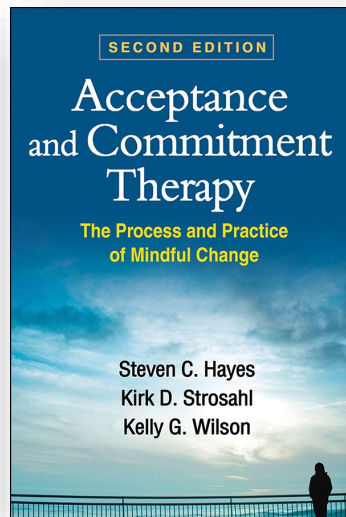
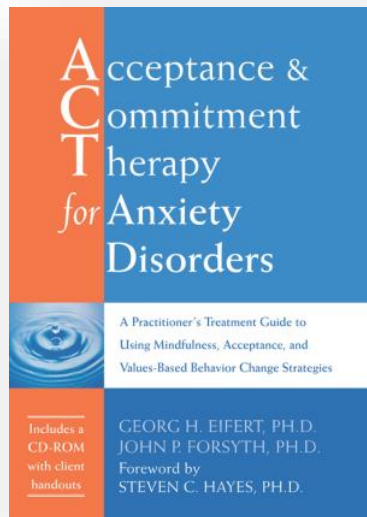
### Children (age 10-14 years)

- ✓ Pain Disorders – Level II Evidence



Source: [bit.ly/ACTRCTs](https://bit.ly/ACTRCTs)







[www.healingstudio.in/act](http://www.healingstudio.in/act)

